

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> ONA	1. DATE OF INCIDENT <b>05-OCT-2016</b>	TIME <b>10:28:00</b>	2. ADDRESS OF OCCURRENCE <b>4749 W ROOSEVELT CICERO, IL</b>	3. LOCATION CODE <b>304</b>	4. BEAT/OCCURR <b>3100</b>	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT/VIDED			
	6. POSITION <b>9161</b>	7. LAST NAME <b>WARNER JR</b>	8. FIRST NAME <b>JEROME D</b>	9. STAR NO. <b>11510</b>	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE <b>WHI</b>	12. AGE <b>601</b>	13. HT. <b>195</b>	14. WT.
SUBJECT INFORMATION <input type="checkbox"/> ONA	15. DATE OF APPT. <b>22-MAY-2006</b>	16. EMPLOYEE ID. <b>015</b>	17. UNIT & BEAT OF ASSIGNMENT <b>1565C</b>	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	21. LAST NAME <b>HUFF</b>	22. FIRST NAME <b>PARTA</b>	23. M.I.	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE <b>BLK</b>	26. O.O.B. <b>04-JUN-1988</b>	27. HT. <b>600</b>	28. WT. <b>200</b>	
	29. ADDRESS <b>1936 8TH AVE MAYWOOD, IL</b>	30. TELEPHONE NO.	31. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input checked="" type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input checked="" type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None	35. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>LORETTA HOSPITAL</b>							
	36. BY WHDM? <b>DR JOHNSON</b>	37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid							
	38. CHARGES PLACED	39. CB NO. <b>19380592</b>	40. IR NO.						
	<b>***** PLEASE SEE NEXT PAGE *****</b>								
	REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> ONA	40. PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY	
		SUBJECTS' ACTIONS		MEMBER PRESENCE		IMMINENT THREAT OF BATTERY		ATTACK WITH WEAPDN	
		VERBAL DIRECTION		OPEN HAND STRIKE		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
STIFFENED (DEAD WEIGHT)		TAKE DOWN / EMERGENCY HANDCUFFING		<input type="checkbox"/>		ATTACK WITHOUT WEAPON			
OTHER		PULLED AWAY		OTHER		<input type="checkbox"/>			
MEMBER'S RESPONSE		DTHR		PERCEIVED AS		OTHER ATTACKING ANOTHER OFFICER			
ARMED		CANINE		PERCEIVED AS		PERCEIVED AS			
ARMBAR		TASER (Probe Discharge)		ELBOW STRIKE		KNEE STRIKE			
PRESSURE SENSITIVE AREAS		TASER (Contact Stun)		<input type="checkbox"/>		<input type="checkbox"/>			
CONTROL INSTRUMENT		TASER (ARC Cycle)		CLOSED HAND STRIKE/PUNCH		KICKS			
OC/CHEMICAL WEAPON W/AUTHORIZATION		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
LRAD WITH AUTHORIZATION		TASER (Spark Displayed)		IMPACT WEAPON (Describe in Box 40)		IMPACT MUNITION (Describe in Box 40)			
OTHER		01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>		OTHER		OTHER			
41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		RANK		STAR NO.		UNIT NO.		42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member					
46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		48. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		49. WEATHER CONDITIONS <b>CLEAR</b>			
40 SEMI-AUTO PISTOL 05 CHEMICAL WEAPDN 06 TASER (Probe Discharge) 07 OTHER		50. MAKE/MANUFACTURER		51. MODEL		52. BARREL LENGTH			
53. CALIBER/GAUGE									
54. TASER DART ID NO.		55. WEAPON SERIAL NO. (Include Letters)		56. CHICAGO GUN REG. NO.		57. IL FIREARM OWNER ID. NO.		58. HANDGUN CERTIFICATE NO.	
59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.		61. TYPE OF AMMUNITION USED		62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		63. TOTAL NO. OF SHOTS MEMBER FIRED	
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		68. OTHER (Specify)	
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CRDSS DRAW		69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				70. OIO MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 ND			
71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DODDRWAYS, CAR, FURNITURE, ETC)		72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPDN <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION		74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)							

1627905409  
H2461867

76. R.O. NO.

CASE INFORMATION	<p>77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE            NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC            NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC            Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.</p>			76. EVENT NO. <b>1627905409</b>
	78. ADDITIONAL INFORMATION <b>THE SUBJECT WAS OBSERVED BY OFFICER WARNER TO BE ATTACKING OFFICER MURRILLO, IN THAT THE SUBJECT HAD GRABBED OFFICER MURRILLO'S HAIR AND WAS BASHING OFFICER MURRILLO'S FACE INTO THE CONCRETE.</b>			
SIGNATURES	<p>78. REPORTING MEMBER (Print Name) <b>MARTIN, DALE J</b> <b>05-OCT-2016 20:04:57</b></p> <p>STAR/EMPLOYEE NO. <b>2065</b> SIGNATURE </p>			76. R.O. NO. <b>HZ461867</b>
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.			
	<p>80. REVIEWING SUPERVISOR (Print Name) <b>MARTIN, DALE J</b></p> <p>STAR NO. <b>2065</b> SIGNATURE </p>			DATE REVIEWED <b>05-OCT-2016</b> TIME <b>20:51:18</b>

SUBJECT  
INFORMATION

40. CHARGES PLACED

720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/31-1-A-7, 625 ILCS 5.0/11-501-A-6, 625 ILCS 5.0/11-601-A, 625 ILCS 5.0/6-101, 625 ILCS 5.0/3-707, 625 ILCS 5.0/3-701-1

DNA

## LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

### 81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

 DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Subject is currently under investigation for a felony offense. Felony charges are pending. An interview at this time could compromise the integrity of the investigation and as such, no interview took place. Subject received medical treatment and was released from Loretto Hospital, where he was seen by Dr. Johnson.

### 82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

After reviewing the information available at this time, including available reports and BWC footage for P.O. Warner #11510, R/Lt has concluded that the subject was an assailant. Subject battered multiple officers and resisted arrest. Taser was deployed multiple times by Officers Moussa #5509, and Thomas #15858. IPRA was notified. A complaint log number was obtained, under CL#1082513.

### 83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

### 84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1082513 OBTAINED

### 85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

**FREITAG, THOMAS H**

86. TRR \_\_\_\_\_ OF \_\_\_\_\_ TRR(S)

### 87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED

TIME

**05-OCT-2016 22:42:09**